

QUESTIONNAIRE FOR CORPORATION MEMBERS OR STOCKHOLDERS

When filing your claim for Unemployment Insurance benefits, you indicated that you were a corporation member, corporate officer and/or stockholder in one of the businesses listed on your claim. Please complete and retain this form. Once your case has been assigned to a Division of Unemployment Assistance claim adjuster, you will be contacted with instructions on returning the completed form.

1. Full Name: _____
2. Social Security Account Number: _____
3. Name and Mailing Address of Business/Corporation: _____

4. DBA & Street address, if different: _____

5. Massachusetts Employer Identification Number: _____
6. Federal Tax identification Number: _____
7. Date of Incorporation: _____
8. Type of Corporation (i.e., type C, S, LLC, etc.): _____
9. Is the corporation still active? _____
10. If not, when was the corporation dissolved? _____
11. Has the corporation or business filed for bankruptcy? _____
12. If yes, please provide the name & address of the attorney/trustee handling bankruptcy proceedings: _____

13. What office do you, or did you, hold in the operation? _____
14. What total shares of stock are, or were, issued? _____
15. How many shares of stock are, or were, owned by you? _____
16. List below the names and Social Security account numbers of other corporation officers:

Name	Relationship to You	No. of Shares Held	SSN
President _____			
Treasurer _____			
Secretary/Clerk _____			
Other _____			
17. To your knowledge, have other corporation officers, stockholders, partners or proprietors filed claims for unemployment benefits? _____
18. Have you previously filed an unemployment claim against the above-named business? _____
19. If yes, please indicate year(s) filed: _____
20. What type of business is, or was, the business engaged in? _____
21. What type of services did you perform for the business? _____
22. What hours did you work? _____
23. What was the last day you worked for the business? _____
24. Are you presently performing any services in the interest of the company? _____
25. If yes, please explain: _____

26. Are you presently receiving any compensation from the corporation? _____
27. If so, how much are you receiving and what is the payment for? _____

28. Is any other person presently performing any services for the corporation? _____
29. If so, please explain: _____

30. Do you expect to return to work for the company? _____
31. If so, when? _____
32. What is the reason for being out of work at this time? _____
- _____
33. What is your regular occupation? _____
34. What type of work do you intend to seek? _____
- _____
35. Will you be looking for full-time work with other than the above company? _____
36. Where do you intend to seek such work? _____
37. When did you last work for an employer other than the above-named company? _____
38. Were you employed and for how long? _____
- _____
39. If the business has been sold, who decided to sell the business and why? _____
- _____
- _____

Note: If the business was permanently closed or sold due to losses, please attach profit and loss statements and/or business tax filings for the most recent five years.

40. Were you asked or did you offer to continue employment with the new owner(s)? _____
41. If yes, why did this not result in your continued employment? _____
- _____
42. What was the sale price of the business? _____
43. What business assets were included in the sale? _____
- _____
44. If the business was sold, why did this result in termination of your employment? _____
- _____
45. Were you separated from employment before or after the sale of the business? _____
- _____
- _____

Certification: The information provided herein is true and complete to the best of my knowledge.

Signature

Date